Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LEIF JOHNSON FORD II, LTD 401(K) SALARY REDUCTION PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
LEIF JOHNSON FORD II, LTD

501 E KOENIG LN
AUSTIN, TX 78751-1426

2b Employer Identification Number (EIN) 74-2922240

2c Sponsor's telephone number 512-454-3711

2d Business code (see instructions) 441110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2010	LEE RAINES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2010	LEE RAINES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
LEIF JOHNSON FORD II, LTD

501 E KOENIG LN
AUSTIN, TX 78751-1426

3b Administrator's EIN
74-2922240

3c Administrator's telephone number
512-454-3711

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	338
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	212
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	104
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	316
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	316
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	231
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LEIF JOHNSON FORD II, LTD 401(K) SALARY REDUCTION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
LEIF JOHNSON FORD II, LTD

D Employer Identification Number (EIN)
74-2922240

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP 72822	231	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
11248	2855

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ROYAL ALLIANCE ASSOCIATES INC
1 WORLD FINANCIAL CTR
200 LIBERTY ST FL 14
NEW YORK, NY 10281

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9674	2433	SALES AND BASE COMMISSIONS MARKETING ALLOWANCE NON MONETARY COMP TO SALES REP	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JAY M MESSER
614 S CAPITAL OF TEXAS HWY
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1574	14	SALES AND BASE COMMISSIONS NON MONETARY COMP TO SALES REP	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NFP SECURITIES INC
1250 CAPITAL OF TX HWY S
BLDG 2 STE 125
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	408	NON MONETARY COMP TO SALES REP MARKETING ALLOWANCE	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	3525245

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

b	Balance at the end of the previous year			7b	71436
c	Additions: (1) Contributions deposited during the year	7c(1)	12256		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7941		
	(4) Transferred from separate account	7c(4)	135995		
	(5) Other (specify below)	7c(5)	3093		
	▶ LOAN PRINCIPAL, LOAN INTEREST				
	(6) Total additions			7c(6)	159285
d	Total of balance and additions (add **b** and **c(6)**)			7d	230721
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	404		
	(2) Administration charge made by carrier	7e(2)	1386		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	4560		
	▶ FEES PAID, LOANS ISSUES CORRECTIVE DISTRIBUTION				
	(5) Total deductions			7e(5)	6350
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	224371

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LEIF JOHNSON FORD II, LTD 401(K) SALARY REDUCTION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LEIF JOHNSON FORD II, LTD

D Employer Identification Number (EIN)
74-2922240

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	29370	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LEIF JOHNSON FORD II, LTD 401(K) SALARY REDUCTION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LEIF JOHNSON FORD II, LTD

D Employer Identification Number (EIN)
74-2922240

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA11 CORE EQUITY

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-111	P	29004

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA12 GOV'T/CORPORATE BOND

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-112	P	17189

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA14 SHORT TERM

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-114	P	434670

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA17 MEDIUM CAP EQUITY

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-117	P	28742

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA19 ALLIANCE VPS GROWTH & INC

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-119	P	706

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA20 HIGH YIELD BOND

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-120	P	37161

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA21 BALANCED

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-121	P	11339

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 INTERNATIONAL EQUITY

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-122	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15872

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 LARGE CAP EQUITY

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-123	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18872

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SMALL CAP EQUITY

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-124	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12875

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27 LVIP SSGA S&P 500 INDEX

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-127	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 764

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28 VALUE EQUITY

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-128	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80569

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA29 LVIP T.ROWE GROWTH STOCK

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-129	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 914

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30 CONSERVATIVE BALANCED

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 687

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31 AB GLOBAL THEMATIC

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-131	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3904

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32 AGGRESSIVE BALANCED

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-132	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3290

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA33 LVIP DEL SOCIAL AWARENESS

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-133	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10446

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA34 AF NEW PERSPECTIVE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-134	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56886
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP CONTRAFUND			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	132476
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36 LVIP SSGA SMALL-CAP INDEX			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-136	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	515
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA37 NEUBERGERBERMAN MID-CAP GR			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-137	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA38 LVIP MID-CAP VALUE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-138	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3433
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA39 AB SMALL MID CAP VALUE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-139	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	441
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA46 AMERICAN GLOBAL SMALL CAP			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-146	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	68012
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA48 AMERICAN GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-148	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	179796
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AF INVEST CO OF AMERICA			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-149	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	133289
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA54 AF EUROPACIFIC GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-154	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	46695

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA55 COHEN & STEERS GBL REIT

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-155	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1487

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE VIP SMCAP VALUE

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-156	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1282

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA57 FIDELITY VIP EQUITY INCOME

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-157	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1971

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA58 FIDELITY VIP GROWTH

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-158	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11893

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA59 FIDELITY VIP OVERSEAS

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-159	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1998

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA61 DELAWARE VIP VALUE

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-161	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 424

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA62 LVIP TEMPLETON GROWTH

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-162	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32753

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63 FRANKLIN SM-MD CAP GROWTH

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-163	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6913

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA64 JANUS ASPEN ENTERPRISE POR

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-164	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6176

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65 MFS VIT GROWTH SERIES

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-165	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2733

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-167	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31279
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA70 JANUS ASPEN JANUS PORTFOLO			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-170	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA75 BLACKROCK AURORA			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-175	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1158
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA76 BLACKROCK SM MID-CAP GRTH			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-176	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10184
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77 BLACKROCK ENERGY AND RESOU			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-177	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	205326
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA80 BLACKROCK LARGE CAP VALUE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-180	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA81 BLACKROCK CAPITAL APPRECIA			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-181	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	364
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83 BLACKROCK MID-CAP VALUE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-183	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55628
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY VIP MID CAP			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-184	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32683
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 TEMP GLOBAL BOND SECURITIE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-186	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	293801

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA87 DELAWARE VIP LIM TERM DIVI			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-187	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2392
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92 AC VP INFLATION PROTECT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-192	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	241169
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA93 DEL VIP DIVERSIFIED INCOME			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-193	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99547
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 DEL VIP EMERGING MARKETS			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-194	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	101337
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA95 LVIP DELAWARE CONSV ALLO			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-195	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59417
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96 LVIP DELAWARE MOD ALLOC			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-196	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	175888
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA97 LVIP DELAWARE AGGRSVE ALLO			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-197	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9300
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA98 LVIP WILSHIRE AGRV PRFL			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-198	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL1 LVIP WILSHIRE 2010 PROFILE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-701	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	154196
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL2 LVIP WILSHIRE 2020			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-702	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	317191

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL3 LVIP WILSHIRE 2030

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-703	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 257587

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL4 LVIP WILSHIRE 2040

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-704	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67637

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-709	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12983

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LEIF JOHNSON FORD II, LTD 401(K) SALARY REDUCTION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LEIF JOHNSON FORD II, LTD

D Employer Identification Number (EIN)
74-2922240

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	122318	179967
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2985840	3525245
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	71436	224371
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3179594	3929583
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3179594	3929583

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	384134	
	(C) Others (including rollovers)	2a(1)(C)	12182	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		396316
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	6508	
	(F) Other	2b(1)(F)	7942	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14450
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		724976
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1135742
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	345633	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		345633
f	Corrective distributions (see instructions)	2f		5022
g	Certain deemed distributions of participant loans (see instructions)	2g		5728
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)	29370	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29370
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		385753
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		749989
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SUNDBERG, MARTINELLI, NOVY & WARD **(2)** EIN: 94-2313023

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LEIF JOHNSON FORD II, LTD 401(K) SALARY REDUCTION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LEIF JOHNSON FORD II, LTD

D Employer Identification Number (EIN)
74-2922240

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0472300

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

LEIF JOHNSON FORD II, LTD 401(k)
SALARY REDUCTION PLAN AND TRUST

December 31, 2009 and 2008

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Leif Johnson Ford II, LTD 401(k)
Salary Reduction Plan and Trust

We were engaged to audit the accompanying statements of net assets available for benefits of Leif Johnson Ford II, LTD 401(k) Salary Reduction Plan and Trust as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of (1) assets held for investment purposes at end of year as "supplemental information", as of or for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Lincoln National Life Insurance Company, Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian of the Plan holds the plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian of the Plan as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian of the Plan is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sundberg, Martinelli, Novy & Ward

Sundberg, Martinelli, Novy & Ward
Certified Public Accountants

Hayward, California
September 23, 2010

LEIF JOHNSON FORD II, LTD 401(k) SALARY REDUCTION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments:		
At fair value:		
Lincoln National Life Insurance Company - Note 3	$ 224,371	$ 71,436
Lincoln National Life Insurance Company - Note 3	3,525,245	2,985,840
Participant notes receivable	179,967	122,318
TOTAL ASSETS	3,929,583	3,179,594
LIABILITIES		
Accrued accounting fees	24,000	23,750
TOTAL LIABILITIES	24,000	23,750
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,905,583	$ 3,155,844

See accompanying notes.

LEIF JOHNSON FORD II, LTD 401(k) SALARY REDUCTION PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2009

ADDITIONS	
Investment income:	
Net appreciation <depreciation> in fair value of investments	$ 724,976
Interest	6,508
Participant Loans - Interest	7,942
Contributions - Cash	
Participants	396,316
TOTAL ADDITIONS	1,135,742
DEDUCTIONS	
Benefits paid directly to participants	345,633
Corrective distributions	5,022
Certain deemed distributions of participant loans	5,728
Investment advisory and management fees	29,620
TOTAL DEDUCTIONS	386,003
Net increase in net assets	749,739
Net assets available for benefits:	
Beginning of year	3,155,844
End of year	$ 3,905,583

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

December 31, 2009

Note 1 – DESCRIPTION OF PLAN

The following description of the Leif Johnson Ford II, LTD 401(k) Salary Reduction Plan and Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The plan began operation during 1989.

General. The Plan is a defined contribution plan covering all full-time employees of the Company who have six months of service and are age twenty and one-half or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan accounting is done by an independent actuarial firm and is overseen by the Plan Trustees.

Contributions. Each year, participants may contribute up to $16,500 of pretax annual compensation plus catch-up contributions (as applicable), as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon.

Investment Options. Upon enrollment in the Plan, a participant may direct employee contributions in any of the investment options of Lincoln National Life Insurance Company. Participants may change their investment options at any time.

Participant Notes Receivable. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or a life annuity, a period certain and life annuity or a joint and survivor annuity. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

As described in FASB ASC 962, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participant would receive if they were to initiate permitted transactions under the terms of the plan. As required by FASB ASC 962, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the plan are paid by the plan.

Subsequent Events

The Plan has evaluated subsequent events through September 23, 2010, the date the financial statements were available to be issued.

Note 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	December 31, 2009		
		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual Fund	$ 3,525,245	$ 3,525,245	$ -
Investment Contract with Insurance Company	224,371	-	224,371
Participant Loans	179,967	-	179,967
Total	$ 3,929,583	$ 3,525,245	$ 404,338

	December 31, 2008		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual Fund	$ 2,985,840	$ 2,985,840	$ -
Investment Contract with Insurance Company	71,436	-	71,436
Participant Loans	122,318	-	122,318
Total	$ 3,179,594	$ 2,985,840	$ 193,754

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Note 3 - FAIR VALUE MEASUREMENTS, continued

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset value of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contact is determined by discounting the contractual cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The fair value of the investment contract is derived from contract provisions and the contract value approximates fair value. The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs:

	December 31, 2009		
	Investment Contract	Participant Loans	Total
Beginning Balance	$ 71,436	$ 122,318	$ 193,754
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available for Benefits	6,143	-	6,143
Purchases, Sales, Issuances, and Settlements (Net)	146,792	57,649	204,441
Ending Balance	$ 224,371	$ 179,967	$ 404,338

	December 31, 2008		
	Investment Contract	Participant Loans	Total
Beginning Balance	$ 89,419	$ 189,670	$ 279,089
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available for Benefits	2,384	-	2,384
Purchases, Sales, Issuances, and Settlements (Net)	<20,367>	<67,352>	<87,719>
Ending Balance	$ 71,436	$ 122,318	$ 193,754

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in net appreciation <depreciation> in fair value of investments.

Note 4 - INVESTMENTS

The plan's investments are held in a Pooled Separate Account by Lincoln National Life Insurance Company as custodians of the plan. The following presents investments at December 31, 2009 and 2008 that represent 5% or more of the plan's net assets. Values have been measured by quoted prices in an active market.

Lincoln National Life Insurance Company

Fair Value	2009	2008
Investment Funds		
SA 48 AMER Funds Growth	**179,796**	-
SA 77 BlackRock Energy & Resources	**205,326**	-
SA 86 Temp Global Bond Sec	**293,801**	-
SA 92 AC VP Inflation Protect	**241,169**	-
SA 14 SHORT TERM	**434,670**	603,140
DEL VIP DIVERSIFIED INCOME SA93	-	181,682
LVIP WLSH 2040 SAL3	**317,191**	225,209
AMERICAN GROWTH SA48	**257,587**	175,990
Other - under 5%	**1,820,076**	1,871,255
Total	**$ 3,749,616**	$ 3,057,276

Subsequent declines in the Stock Market may decrease the above stated values.

During 2009, the Plan's investments bought and sold, and held during the year appreciated <depreciated> in value by $724,976.

Note 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 1989, the Plan entered into a benefit-responsive investment contract with Lincoln National Life Insurance Company. Lincoln National Life Insurance Company maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments and charged for participation withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan. As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, the contract value is the relevant measurement attribute for that portion of the net assets available for the benefits attribute to the guaranteed investment contract.

Contract value, as reported to the Plan by Lincoln National Life Insurance Company, represents contributions made under the contract, plus, earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of the investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3.8%.

Certain events limit the Plan's ability to transact at contract value with Lincoln National Life Insurance Company. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example,

Note 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY, continued

divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable.

Note 6 – PLAN TERMINATION

Although it has not expressed an intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. The distribution method is one of three as chosen by the employer:

A. The assets to be paid out as soon as possible
B. The assets held and paid out as part the plan regular provisions
C. The participant chooses either A or B.

Note 7 – TAX STATUS

The plan obtained its latest determination letter on August 7, 2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 8 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	2009	2008
Investments at fair value	**$ 3,929,583**	$ 3,179,594
Total Additions	**1,135,742**	<763,755>
Total Deductions	**385,753**	1,260,461

Note 9 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by Lincoln National Life Insurance Company. Lincoln National Life Insurance is the Custodian as defined by the Plan. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $29,370 and $44,585 for the years ended December 31, 2009 and 2008, respectively.

Note 9 - TRANSACTIONS WITH PARTIES-IN-INTEREST, continued

The Plan is required to have an annual audit. Historically, the plan sponsor has paid for the audit fee. However, beginning in 2007 the Plan began paying the audit fee. The sponsor pays the accounting firm the audit fee and then requests reimbursement from the Plan. These transactions qualify as exempt party-in-interest transactions. The accounting firm, Sundberg, Martinelli, Novy & Ward performs the audits on the Plan. The 2008 audit fee of $12,000 was paid by the sponsor but not reimbursed by the Plan at December 31, 2009. The 2009 audit fee of $12,000 was unpaid at December 31, 2009. The 2008 and 2009 audit fees total $24,000 and are shown as a liability at December 31, 2009.

Note 10 - RISKS AND UNCERTAINTIES

The plan invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 11 - RECONCILIATION OF FINANCIAL STATEMENT TO SCHEDULE H FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Schedule H of Form 5500.

	2009	2008
Net assets available for benefits per financial statements	$ 3,905,583	$ 3,155,844
Amounts set up as accrued accounting fees for the 2007 & 2008 Audit fees on financial statements	-	23,750
Amounts set up as accrued accounting fees for the 2008 & 2009 Audit fees on financial statements	24,000	-
Net assets available for benefits per Schedule H of Form 5500	$ 3,929,583	$ 3,179,594

The following is a reconciliation of the administrative expenses per financial statements for 2009 to Schedule H of the Form 5500.

	2009
Investment advisory and management fees per financial statements	$ 29,620
Amounts required to adjust fees from modified cash basis to GAAP basis reporting	<250>
Total administrative fees per Schedule H of Form 5500	$ 29,370

The following is a reconciliation of net increase in net assets per financial statements for 2009 to net income on Schedule H Form 5500.

	2009
Net increase <decrease> in net assets per financial statements	$ 749,739
Amount of change in fees	250
Net income per Schedule H of the Form 5500	$ 749,989

SUPPLEMENTARY

FINANCIAL

INFORMATION

See accompanying report

LEIF JOHNSON FORD II, LTD 401(k) SALARY REDUCTION PLAN AND TRUST
SCHEDULE 1 – Schedule of Assets Held for Investment Purposes at end of year
December 31, 2009

EIN 74-2922240 **PLAN NUMBER 002**

(A)	(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA11 CORE EQUITY ACCOUNT		$ 29,004
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA12 GOVERNMENT/CORP BOND		17,189
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA14 SHORT TERM ACCOUNT		434,670
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA17 MEDIUM CAP EQUITY		28,742
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA19 ALLIANCE VPS GROWTH & INC		706
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA20 HIGH YIELD BOND		37,161
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA21 BALANCED ACCOUNT		11,339
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA22 INTERNATIONAL EQUITY		15,872
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA23 LARGE CAP EQUITY		18,872
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA24 SMALL CAP EQUITY ACCOUNT		12,875
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA27 EQUITY 500 INDEX		764
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA28 VALUE EQUITY ACCOUNT		80,569
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA29 LVIP T. ROWE GROWTH STOCK		914
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA30 CONSERVATIVE BALANCED		687
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA31 ALLIANCE VPS TECHNOLOGY		3,904
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA32 AGGRESSIVE BALANCED ACC		3,290
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA33 SOCIAL AWARENESS ACCOUNT		10,446
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA34 GLOBAL GROWTH ACCOUNT		56,886
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA35 VIP II CONTRAFUND		135,475
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA36 SMALL CAP INDEX ACCOUNT		515
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA38 MIDCAP VALUE		3,433
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA39 AB SMALL MID CAP VALUE		441
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA46 AMERICAN GLOBAL SMALL CAP		68,012
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA48 AFIS GROWTH		179,796
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA49 AFIS GROWTH-INCOME		133,289
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA54 AFIS INTERNATIONAL		46,695
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA55 COHEN & STEERS GBL REIT		1,486
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA56 DELAWARE VIP SMCAP VALUE		1,282
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA57 FIDELITY VIP EQUITY INDEX		1,971
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA58 FIDELITY VIP GROWTH		11,893
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA59 FIDELITY VIP OVERSEAS		1,998
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA61 DELAWARE VIP VALUE		424
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA62 TEMPLETON GROWTH SECURITY		32,753
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA63 FRANKLIN SMALL CAP		6,913
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA64 JANUS ASPEN AGG GROWTH		6,176
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA65 MFS VIT EMERGING GROWTH		2,733
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA67 MFS VIT UTILITIES SERIES		31,279
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA70 JANUS ASPEN GROWTH		1
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA75 BLACKROCK AURORA		1,158
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA76 BLACKROCK SMALL/MID-CAP GROWTH		10,184
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA77 BLACKROCK GLOBAL RESOURCES		205,326
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA81 BLACKROCK CAPITAL APP		364
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA83 BLACKROCK MID-CAP VALUE		55,628
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA84 FIDELITY VIP MID CAP		32,683
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA86 TEMP GLOBAL INC SEC		293,801
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA87 DELAWARE VIP CAP RESERVES		2,392
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA92 AMERICAN CENTURY® VP INFLATION PROTECTION		241,169
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA93 DEL VIP DIVERSIFIED INCOME		99,547
*	LINCOLN NATIONAL LIFE INSURANCE CO.	SA94 DELAWARE EMERGING MARKETS		101,337
*	LINCOLN NATIONAL LIFE INSURANCE CO.	GUARANTEED FIXED		224,371
*	LINCOLN NATIONAL LIFE INSURANCE CO.	LVIP WILSHIRE CONSV PRFL SA95		59,417
*	LINCOLN NATIONAL LIFE INSURANCE CO.	LVIP WILSHIRE MOD PRFL SA96		175,888
*	LINCOLN NATIONAL LIFE INSURANCE CO.	LVIP WILSHIRE MOD AG PRFL SA97		9,300
*	LINCOLN NATIONAL LIFE INSURANCE CO.	LVIP WLSH 2010 SAL1		154,196
*	LINCOLN NATIONAL LIFE INSURANCE CO.	LVIP WLSH 2020 SAL2		317,191
*	LINCOLN NATIONAL LIFE INSURANCE CO.	LVIP WLSH 2030 SAL3		257,587
*	LINCOLN NATIONAL LIFE INSURANCE CO.	LVIP WLSH 2040 SAL4		67,637
*	LINCOLN NATIONAL LIFE INSURANCE CO.	LVIP SSGA BOND INDEX SAL6		12,983
	PARTICIPANT LOANS	Maturity dates range from 2010 to 2015, Interest rates vary, collateralized by vested account balance		179,967
	TOTAL			$ 3,932,583

See accompanying report.

Leif Johnson Ford II, Ltd 401k

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 74 2922240 **IRS Plan #** 002

As of Plan Year End 12/31/2009

Contract #: 72822

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	NeubergerBerman MidCap Gr SA37	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Mid-Cap Value SA38	3,250.76	3,433.25
	LINCOLN NAT'L LIFE - DIRECTOR	Alliance VPS Growth&Inc SA19	684.31	706.15
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP T.Rowe Growth Stock SA29	958.75	913.67
	LINCOLN NAT'L LIFE - DIRECTOR	AB Global Thematic SA31	4,138.34	3,903.67
	LINCOLN NAT'L LIFE - DIRECTOR	Core Equity SA11	28,654.28	29,004.31
	LINCOLN NAT'L LIFE - DIRECTOR	Gov't/Corporate Bond SA12	13,584.13	17,188.99
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	430,190.01	434,669.89
	LINCOLN NAT'L LIFE - DIRECTOR	Medium Cap Equity SA17	25,310.98	28,742.38
	LINCOLN NAT'L LIFE - DIRECTOR	High Yield Bond SA20	33,073.99	37,160.74
	LINCOLN NAT'L LIFE - DIRECTOR	Balanced SA21	10,042.13	11,339.19
	LINCOLN NAT'L LIFE - DIRECTOR	International Equity SA22	15,593.06	15,871.65
	LINCOLN NAT'L LIFE - DIRECTOR	Large Cap Equity SA23	19,239.59	18,872.35
	LINCOLN NAT'L LIFE - DIRECTOR	Small Cap Equity SA24	12,016.85	12,875.08
	LINCOLN NAT'L LIFE - DIRECTOR	Value Equity SA28	77,380.92	80,569.16
	LINCOLN NAT'L LIFE - DIRECTOR	Conservative Balanced SA30	520.54	687.11
	LINCOLN NAT'L LIFE - DIRECTOR	Aggressive Balanced SA32	3,110.91	3,290.23
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP Value SA61	393.89	424.09
	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Account	224,371.39	224,371.38
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Del Social Awareness SA33	9,268.50	10,446.49
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	53,096.00	56,885.74
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP ContraFund SA35	102,235.50	132,475.54
	LINCOLN NAT'L LIFE - DIRECTOR	AB Small Mid Cap Value SA39	458.82	440.95
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	69,545.96	68,011.55
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	180,791.01	179,796.18
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	145,852.10	133,289.21
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	49,910.00	46,694.65
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP SmCap Value SA56	1,078.18	1,281.82
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP EquityIncome SA57	2,097.86	1,971.09
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Growth SA58	13,149.94	11,893.38
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Overseas SA59	2,102.02	1,997.80
	LINCOLN NAT'L LIFE - DIRECTOR	Frank Sm-Md Cap Growth SA63	6,505.18	6,912.96
	LINCOLN NAT'L LIFE - DIRECTOR	Janus Aspen Enterprise SA64	6,108.50	6,176.15
	LINCOLN NAT'L LIFE - DIRECTOR	Janus Aspen Janus SA70	0.62	0.60

LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Emerging Growth SA65	2,702.18	2,732.64
LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Cap Opportunities SA66	0.00	0.00
LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Utilities Series SA67	32,997.12	31,279.44
LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Aurora SA75	1,285.94	1,157.70
LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Sm Mid-Cap Grth SA76	12,818.31	10,183.57
LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	173,839.80	205,326.19
LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Mid-Cap Value SA83	65,080.58	55,628.47
LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Large Cap Value SA80	0.00	0.00
LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Capital App SA81	297.68	364.02
LINCOLN NAT'L LIFE - DIRECTOR	LVIP SSgA S&P 500 Index SA27	738.59	763.88
LINCOLN NAT'L LIFE - DIRECTOR	LVIP SSgA Small-Cap Index SA36	673.72	515.26
LINCOLN NAT'L LIFE - DIRECTOR	Cohen & Steers Gbl REIT SA55	1,251.32	1,486.49
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Templeton Growth SA62	38,898.73	32,752.89
LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Mid Cap SA84	33,042.08	32,682.77
LINCOLN NAT'L LIFE - DIRECTOR	Temp Glbal Bnd Securities SA86	257,993.92	293,800.77
LINCOLN NAT'L LIFE - DIRECTOR	Del Ltd-Term Div Income SA87	2,157.40	2,392.48
LINCOLN NAT'L LIFE - DIRECTOR	AC VP Inflation Protect SA92	225,430.14	241,169.30
LINCOLN NAT'L LIFE - DIRECTOR	Del VIP DiversifiedIncome SA93	84,911.96	99,547.08
LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	83,718.74	101,336.81
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Del Fndtn ConservAll SA95	54,175.76	59,416.88
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Del Fndtn ModeratAll SA96	167,356.78	175,888.48
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Del Fndtn AggressAll SA97	7,763.68	9,300.44
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Wilshire Agrv Prfl SA98	0.00	0.00
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Wlsh 2010 SAL1	145,961.64	154,195.63
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Wlsh 2020 SAL2	322,850.31	317,190.94
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Wlsh 2030 SAL3	251,472.45	257,586.61
LINCOLN NAT'L LIFE - DIRECTOR	LVIP Wlsh 2040 SAL4	62,027.89	67,636.80
LINCOLN NAT'L LIFE - DIRECTOR	LVIP SSgA Bond Index SAL6	12,862.94	12,983.14
Participant Loans	Various Maturities & Interest Rates		179,967.02
Total		3,587,024.68	3,929,583.10

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**